

PLEASE Read Instruction Page (attached):

TRANSCRIPT ORDER

1. YOUR NAME				2. EMAIL		3. PHONE NUMBER		4. DATE	
5. MAILING ADDRESS				6. CITY		7. STATE		8. ZIP CODE	
9. CASE NUMBER		10. JUDGE		DATES OF PROCEEDINGS					
				11. FROM		12. TO			
13. CASE NAME				LOCATION OF PROCEEDINGS					
				14. CITY		15. STATE			
16. ORDER FOR									
<input checked="" type="checkbox"/> APPEAL No. <input type="checkbox"/> NON-APPEAL		CRIMINAL <input type="checkbox"/> CIVIL		CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		BANKRUPTCY <input type="checkbox"/> OTHER (Specify)			
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) <i>You must provide the name of the Reporter.</i>									
TRIAL	DATE(S)	REPORTER	HEARINGS	DATE(S)	REPORTER				
ENTIRE TRIAL			OTHER (Specify Below)						
JURY SELECTION									ECRO
OPENING STATEMENTS									
CLOSING ARGUMENTS									
JURY INSTRUCTIONS									
18. ORDER (Grey Area for Court Reporter Use)									
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS			
ORDINARY			NO. OF COPIES						
14-Day			NO. OF COPIES						
EXPEDITED			NO. OF COPIES						
3-Day			NO. OF COPIES						
DAILY			NO. OF COPIES						
HOURLY			NO. OF COPIES						
REALTIME									
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL					
19. SIGNATURE				PROCESSED BY					
20. DATE				PHONE NUMBER					
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS					
ORDER RECEIVED	DATE	BY							
DEPOSIT PAID				DEPOSIT PAID					
TRANSCRIPT ORDERED				TOTAL CHARGES					
TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT					
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED					
				TOTAL DUE					